

Proposal Form

All Risks Insurance

A copy of the **Product Disclosure Sheet (PDS)** is available at our Customer Service Centre, branch offices or our intermediaries. Please make sure that you have read and understood the contents of the **PDS** before purchasing the product.

Berjaya Sompo Insurance Berhad (Registration No. 198001008821 (62605-U)) (BSIB) is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

Berjaya Sompo Insurance Berhad is a member of Perbadanan Insurans Deposit Malaysia (PIDM). For more information, kindly contact PIDM at 1-800-88-1266 or visit the PIDM website at www.pidm.gov.my.

IMPORTANT NOTICE ON PRE-CONTRACTUAL DISCLOSURE AND REPRESENTATION

Consumer Insurance Contract

Pursuant to Schedule 9 of the Financial Services Act 2013, you must take reasonable care to ensure that all your answers to the questions are to the best of your knowledge, full, complete, correct and honest. You also have a duty to inform us of any change in the details or information given to us before we issue the Policy to you, or before you renew or change any of the terms of your Policy. If you fail to do so, your Policy may be cancelled or treated as if it never existed, or your claim may be rejected or not fully paid.

Non-Consumer Insurance Contract

Pursuant to Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance for purposes of your trade, business or profession, you have a duty to disclose any matter you know to be relevant to our decision in accepting the risks and determining the rates and terms of your insurance. You also have a duty to inform us of any change in the details or information given to us before we issue the Policy to you, or before you renew or change any of the terms of your Policy. If you fail to do so, your Policy may be cancelled or treated as if it never existed, or your claim may be rejected or not fully paid.

The above duty of disclosure for Consumer and Non-Consumer Insurance Contract shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this proposal form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied. You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this proposal form is inaccurate or has changed.

Please use BLOCK letters and CROSS (X) in appropriate box							
PARTICULARS OF PROPOSER							
Full Name:							
Date of Birth:	NRIC No.:						
Business Registration No: Tel. No (H/P): Tel. No (Office):	Army ID						
Address (Postal):							
Postcode:	City:						
State:	Country:						
Email:							
Business, Trade or Occupation:							

PARTICULARS OF RISK TO BE INSURED							
1.	1. Period of insurance : From to (Both Dates Inclusive)						
	Item No.	Description of Property to be Insured	Amount to be Insured (RM)				
	1						
	2						
	3						
	4						
	5						
		TOTAL S	SUM INSURED:				
2. State the construction and occupation of the premises containing the properties to be insured. (a) All External Walls: (b) Roof: (c) Floor: (d) Occupied as:							
	(4) 0004						
3.	Is Spray Pain	ting carried on therein?	☐ Yes ☐	No			
4.		ny adjoining premises?	☐ Yes ☐	No			
	If Yes, please state construction and occupation of the adjoining premises.						
5.	State location	where properties are used/kept.					
6.	Are you the o	wner of the equipment?	☐ Yes ☐	No			
	If No, pleas	e State name of owner.					
7.	Is the equipm	ent under	Other, please	specify:			
	Full Name o	of Financial Institution.					

8.	Do you have any other Policy covering the properties now proposed for cover?	Yes	□No			
	If Yes, please give details.					
L						
9. 1	Has any Insurance Company.					
((a) declined your proposal?	☐ Yes	□No			
((b) refused renewal of your Policy?	Yes	□No			
((c) required and increased premium or imposed a special condition?	Yes	□No			
	If answer is 'Yes' for the above, please give details.					
40						
10. Have you suffered any loss during the past 3 years?						
	If Yes, please give full particulars of all losses and precautions which have been adopted to prevent a recurrence.					

PAYMENT METHOD						
Total Premium Paid: RM	tal Premium Paid: RM Please select payment method.					
☐ Cash						
□ JomPay	For payment via JomPay, please provide proof	Jom	Ref-1: Cover note No/Policy No/EndtNo Ref-2: Agent Code/Name & Contact No IPAY online at Internet and Mobile Banking with your ent, Savings or Credit Card account			
☐ Visa ☐ MasterCard	Card No.	- m	piry Date			
Cardholder's Name:						
Date:	Cardholder's S	Signature:				
SERVICE TAX - The Premium payable by you shall be subjected to service tax pursuant to the Service Tax Act 2018, including any subsidiary legislations, orders or regulations governing the application of such tax, as may be imposed or amended by the relevant authorities from time to time.						
PRIVACY NOTICE						
The Personal Data provided by and collected from you may be used and processed by us in order for us to provide our services in accordance with our Privacy Notice, which explains how we treat your Personal Data. Please refer to our Privacy Notice which is available on our website at www.berjayasompo.com.my for details. You may contact us for access to or correction of your Personal Data, or for any other queries or feedback.						
ACKNOWLEDGEMENT						
I/We acknowledge that the answers/information provided in this proposal form are true and correct and I/we have not withheld any information or made any misrepresentation likely to affect the acceptance of this proposal. I/We shall undertake to notify the Company when there is any subsequent change to the information provided in this proposal form. I/We understand and acknowledge receipt of a copy of the Product Disclosure Sheet (PDS) which has/have been made available to me/us. I/We acknowledge that the key contract terms have been adequately explained to me/us and I/we fully understand the terms.						
Date			authorised signature(s) and chop)			
EOR ACENT / OFFICE US						
FOR AGENT / OFFICE US Cover Note / Policy No.:						
Intermediary:						
Account No.:						
Remarks:						